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FM AMEMBASSY JAKARTA
TO RUEHC/SECSTATE WASHDC IMMEDIATE 8596
RUEHPH/CDC ATLANTA GA IMMEDIATE
RUEAUSA/DEPT OF HHS WASHINGTON DC IMMEDIATE
RUEHRC/USDA FAS WASHDC
RHEHNSC/NSC WASHDC
INFO RUEHXS/ASSOCIATION OF SOUTHEAST ASIAN NATIONS
RUEHBJ/AMEMBASSY BEIJING 4886
RUEHBY/AMEMBASSY CANBERRA 2283
RUEHUL/AMEMBASSY SEOUL 4509
RUEHKO/AMEMBASSY TOKYO 1767
RUEHWL/AMEMBASSY WELLINGTON 2501
RHEHNSC/NSC WASHDC

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SIPDIS

SENSITIVE
SIPDIS

DEPT FOR EAP/MTS, G/AIAG, AND OES
DEPT ALSO PASS TO HHS FOR A/S LEAVITT/WSTEIGER AND HHS/NIH
GENEVA FOR WHO/HOHMAN

E.O. 12958: N/A

TAGS: [TBIO](#) [KHIV](#) [PREL](#) [EAGR](#) [PGOV](#) [ID](#)

SUBJECT: SCENESETTER FOR A/S LEAVITT'S APRIL 10 VISIT TO INDONESIA

1.(SBU) Summary. Embassy Jakarta welcomes your visit and sees it as an opportunity to underscore that, despite disagreement on avian influenza sample sharing, both countries need to cooperate on broader health issues. Our bilateral engagement on avian influenza, which involves six USG agencies, goes beyond sample sharing. The USG also supports programs on HIV/AIDs, tuberculosis, immunizations and other infectious diseases. The Mission believes that increased scientific collaboration could provide win-win opportunities for both countries and, if played right, help us overcome the current impasse.

12. (SBU) We have requested meetings with President Yudhoyono, Foreign Minister Wirajuda, Minister Bakrie of the Coordinating Ministry for People's Welfare, Health Minister Supari, and Agriculture Minister Apriyantono. You will also participate in a lunch with senior health officials and a field visit to a U.S.-supported TB and HIV clinic. The Ambassador recommends that, in all meetings, you stress the importance of our broad cooperation, while explaining why it is essential for Indonesia to share all samples with the international community. End summary.

WE WANT TO RESOLVE THE SAMPLE SHARING ISSUE

13. (SBU) Given Indonesia's widespread problem of avian influenza in poultry and the global concern that a pandemic strain may emerge here, we have to find a way to resolve the human avian influenza sample sharing issue. Your visit with the President and the joint ministerial meeting provide an opportunity to explain why it is essential for all samples to be shared. While acknowledging that Indonesia and other developing countries have other equities that need to be addressed, you should patiently explain the scientific requirement for sample sharing. The Indonesians will undoubtedly call for increased access by developing countries to affordable vaccines and for the WHO system to be made more "transparent and equitable." While you should stress that our differences on this issue should not affect our broader health collaboration, you should point out the obvious fact that resolution of the sample sharing issue would open up other areas for mutually beneficial cooperation.

WE SEE INDONESIA AS A PARTNER IN CONTROL OF AVIAN INFLUENZA

14. (SBU) Indonesia needs to develop and implement a long-term, sustainable program to control avian influenza for both poultry and humans. Minister Bakrie, a businessman by background without health expertise, is Chairman of the key inter-agency mechanism, the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness (KOMNAS). KOMNAS coordinates Indonesia's response to avian influenza and implements what there is of a national avian influenza strategy.

15. (SBU) The United States devotes considerable resources (over \$50 million to date) to help Indonesia respond to the current avian influenza outbreak and plan for a possible pandemic. In June, Embassy Jakarta plans to conduct an in-depth review of U.S. government-supported control programs. This review will recommend whether we need to adjust current efforts to meet the challenges ahead. It will also provide KOMNAS a road map for better utilization of other donor resources. KOMNAS is working on a National Influenza Pandemic Preparedness Plan, but lacks significant input from key ministries, as well as operational details of Indonesia's response to an avian influenza pandemic. The United States' interagency pandemic planning and simulation exercise experience may be useful in filling these gaps.

COOPERATION IN SCIENCE TECHNOLOGY EXCHANGE IS A HIGH PRIORITY

16. (SBU) The U.S. Centers for Disease Control (CDC) and National Institutes of Health (NIH) have a long history of collaboration with partner institutions in Indonesia. In addition, U.S. academic institutions have expressed interest in collaboration with

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Indonesian scientists and organizations. The sample sharing issue has negatively affected this collaboration over the past year. However, senior staff members in the Ministry of Health (including the Minister) have recently expressed a renewed interest in developing research ties and scientific exchanges with USG institutions. Both CDC and NIH have offered to place senior laboratory scientists at the recently opened Bio-Safety Level 3 (BSL-3) laboratory at the Eijkman Institute and the BSL-3 laboratory currently under construction at the National Institute of Health Research and Development (NIHRD). The Embassy recommends that, in meetings with the Ministers of Health and People's Welfare, Secretary Leavitt and his party discuss ways to revitalize bilateral

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science and technology exchange.

OUR PRIORITY HEALTH PROGRAMS

17. (SBU) USAID supports a range of health programs, all of which address joint U.S.-Indonesian priorities. Activities focus on maternal and child health care, and prevention and control of priority infectious diseases, particularly HIV/AIDS, tuberculosis and malaria. The recent UN Country Report indicates the HIV/AIDS epidemic in Indonesia is one of the fastest growing in Asia with both a concentrated epidemic in most-at-risk populations and a generalized epidemic in Papua. There are currently 193,000 Indonesians living with HIV and epidemiological modeling estimates there will be one million infections by 2015. Experts also predict that the epidemic will continue to expand if coverage of programs remains at current levels. It is essential to maintain PEPFAR funding here to address this growing problem, particularly in the area of civil society engagement which is critical to successful outreach in this epidemic. Indonesia also ranks third in the world in the global TB burden; of even more serious concern is the rising prevalence of multiple drug resistant (MDR/XDR) TB. Your visit to the an Indonesia Tuberculosis Control Association's clinic in central Jakarta will highlight progress in addressing HIV and TB services as well as overall challenges faced by the health system.

GLOBAL FUND CHALLENGES

18. (SBU) Indonesia is having significant difficulties implementing its Global Fund for AIDS, TB and malaria programs at the Country Coordinating Mechanism and the Principal Recipient levels. These shortcomings threaten overall Global Fund funding levels and negatively affect the credibility of Indonesia's Round 8 proposal under development. Cuts in Global Fund funding would impact all three national programs, but would particularly hit the HIV/AIDS national program where the U.S. and other donors have cut funding. You should stress the importance of improving Global Fund oversight and implementation with Minister Bakrie.

AI PRESS COVERAGE

19. (SBU) The Secretary's visit has been mentioned in the press in the context of avian influenza. Most press coverage centers around vaccine development and related sample-sharing issues, as well as ongoing H5N1 cases. The Mission expects that photographers and press will follow your visit to the clinic and may be present following your official meetings.

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